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RUEHKS/AMCONSUL SAPPORO 7834
RUEAUSA/DEPT OF HHS WASHINGTON DC

UNCLAS SECTION 01 OF 02 TOKYO 003245

SIPDIS

DEPT FOR EAP/J, OES/IHA AND MED
DEPT PASS TO WHITE HOUSE OSTP
DEPT PASS TO NIH/NIAID WESTERN
DEPT PASS TO CDC/NATIONAL CENTER FOR INFECTIOUS DISEASES
HHS FOR OGHA/BHAT AND ELVANDER

SIPDIS

E.O. 12958: N/A
TAGS: [AMED](#) [TBIO](#) [SOCI](#) [JA](#)
SUBJECT: JAPANESE OFFICIALS WARN OF MEASLES OUTBREAK

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¶1. Summary. On May 12, the Infectious Diseases Surveillance Center (IDSC) issued a warning that measles might spread across Japan. According to the IDSC, group outbreaks have occurred in Ibaraki and Saitama prefectures since early April 2006. In order to strengthen the countermeasures against measles and rubella, the Ministry of Health, Labor and Welfare (MHLW) introduced a new vaccination system on April 1. MHLW now recommends two vaccinations with a combined measles and rubella vaccine. The call for additional vaccinations and changes in MHLW's guidance are welcome, as vaccination is considered by many experts to be a very effective way to reduce the incidence of disease. End summary.

¶2. On May 12, the Infectious Diseases Surveillance Center (IDSC) of the National Institute of Infectious Diseases (NIID) issued a warning to the public that the measles virus may spread throughout the Kanto region surrounding Tokyo and across the nation. In Ibaraki Prefecture, several outbreaks of measles have occurred at elementary, junior high and high schools since early April. As of May 17, 88 people have been infected with the virus in the prefecture. In neighboring Chiba, an additional 26 individuals have contracted measles. The IDSC recommended in its warning that unvaccinated individuals who have never been infected by the virus urgently receive vaccinations. The Ibaraki and Chiba governments uploaded information on measles to their homepages and called for their citizens to receive the inoculations.

¶3. According to the ISDC, the number of individuals infected with measles has been decreasing in Japan, but the center estimates that the nation still has 100,000-200,000 cases per year. Researchers at the Kitasato Institute for Life and Sciences report that the actual number of measles infections in Japan can be anywhere up to 300,000 annual cases. (Note: For comparison, according to the Centers for Disease Control and Prevention's Morbidity and Mortality Weekly Report, a total of 261 cases of measles were reported in the United States between 2001-2003, with a historical low of 37 reported cases in 2004. End note.) The national vaccination rate in Japan was 81.1 percent in JFY 2000, but the rate for

one-year-old children between 12 months and 24 months of age was still only at 50 percent in JFY 2001.

¶4. In order to strengthen the countermeasures against measles and rubella, the Ministry of Health, Labor and Welfare (MHLW) introduced a new vaccination system on April 1. MHLW now recommends two vaccinations of the measles and rubella vaccine. The first vaccination should be given to children between 12 and 24 months of age, and the second one should be given to children between five and seven years old. Prior to the change, the Japanese health ministry recommended that children between 12 and less than 90 months of age should have one vaccination each for measles and rubella. The new guidelines on MR vaccination were enacted based on an amendment of the national law on vaccination that took effect in 2005. Japan previously used a measles-mumps-rubella (MMR) vaccine for vaccinations conducted through 1993, however health authorities stopped using the combined vaccine due to an increase in aseptic meningitis cases attributed to a strain of the mumps virus used in the immunization.

¶5. Comment: The CDC reports that all of the recent cases of the measles in the U.S. -- particularly since 2000 -- are the result of importations, as the disease is no longer considered to be endemic in the United States. These are cases where the measles are imported by Americans and foreign nationals infected by the virus overseas. The largest number of imported cases reported between 2001 and 2003 were traced back to China and Japan. China continued to be a leading source of imported cases in 2004 (13 cases), though that same year none were reported as having originated in Japan. The call for additional vaccinations and changes in MHLW's guidance are welcome, as vaccination is considered by many experts to be a very effective way to reduce the incidence of disease.

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SCHIEFFER